



Service Learning Log-in Form

Jackson State University
Jacob L. Reddix Building

601-979-1294 (office)
1st Floor, Suite 110

Directions: Forms should be completed legibly and turned into your professor; we will not accept faxed forms.

Deadline -November 21, 2014

Name_____

J# _____

Contact # _____

Instructor_____

Course_____

Semester (Fall___ Spring___ Summer___)

Site name_____

[illegible]

Date	Time In	Time Out	Hours	Service Provided	Site Supervisor Original Signature

Total Hours _____

I, _____, the above student's site supervisor, do certify that the above mentioned student (*supervisor's printed name*)

_____ completed the above listed hours and is not a paid employee, consultant (*student's printed name*) or work-study student at my organization/agency.

Site Supervisor's Original Signature _____ **Date** _____

Supervisor's Contact Number _____ Site Fax Number _____

Student's Original Signature _____ **Date** _____

Student's Phone Number _____

DEADLINE November 21, 2014